Montana Laboratory Sentinel

Updates from the MT Laboratory Services Bureau MONTANA **http://healthlab.hhs.mt.gov/ 04/29/10**

SPRING CLEANING

Hantavirus Pulmonary Syndrome

Hantavirus is transmitted to humans through exposure to infected rodent tissues or excrement, including dried feces. HPS was first recognized in 1993 and has since been identified throughout the United States. Hanta-viruses can cause a rare but deadly disease called hantavirus pulmonary syndrome (HPS). People get HPS when they breath in hantaviruses. This can happen when rodent urine and droppings that contain a hantavirus are stirred up into the air. People can also become infected by touching their eyes, nose, or mouth after they touch rodent urine, droppings, or nesting materials that contain the virus. HPS may also be transmitted through a mouse or rat bite. Activities that can put people at risk for HPS include: Improperly cleaning up mouse and rat urine, droppings, and nests, cleaning a shed or cabin that has been closed for some time, and working in areas where mice and rats may live (such as barns).

To prevent exposure to hantaviruses, rodents should be excluded from the home place, and the following precautions should be used when cleaning areas where rodents may reside:

- Wear rubber or plastic gloves when cleaning rodent infested areas
- Spray urine and droppings with a disinfectant or a mixture of bleach and water thoroughly soaking the area, and let stand for 5 minutes
- Use a paper towel to wipe up the urine or droppings and discard in the garbage
- Mop or sponge the area with a disinfectant or bleach solution
- Wash gloved hands with soap and water or spray a disinfectant or bleach solution on gloves before taking them off
- Wash hands with soap and warm water after taking off your gloves.

For more information about hantaviruses, visit http://www.cdc.gov/ncidod/diseases/hanta/hps/index.htm

Of Mice and Man

Hantavirus Pulmonary Syndrome

Dr. Barbara Knust discusses HPS in a recent podcast as part of *A Cup of Health with CDC,* a weekly feature of the MMWR. Listen Now

BT Wet Workshop in Helena – Friday, July 30, 2010

The materials and demonstrations are designed to help clinical microbiologists recognize and "Rule Out or Refer" *Bacillus* spp., *Yersinia* spp., *Brucella* spp., *Burkholderia* spp., *Francisella tularensis*) and similar organisms. Registration information will follow. Kathy Martinka, kmartinka@mt.gov 406-444-0944 Bioterrorism Laboratory Preparedness Coordinator

MT Communicable Disease Update Week 15 Ending 04/17/10

This newsletter is produced by the Montana Communicable Disease Epidemiology Program.
Questions regarding its content should be directed to 406.444.0273 (24/7/365).
http://cdepi.hhs.mt.gov

DISEASE INFORMATION

Summary – Week 15 – Ending 04/17/10 – Disease reports received at DPHHS during the reporting period April 11-17, 2010 included the following:

- Vaccine Preventable Diseases: Bacterial Meningitis (*Haemophilus)* (1*), Invasive *Streptococcus pneumonia* (1*) Varicella (4)
- Enteric Diseases: Campylobacteriosis (2), Cryptosporidiosis (1), Giardiasis (3)

*** Adult Cases**

Influenza

Montana – Activity level in Montana for week 15 is **NO ACTIVITY.** **NEW!** There have been no Montana Public Health Laboratory PCR confirmed influenza cases since April 7. **IMPORTANT!** Please remind providers to send specimens to the Montana Public Health Laboratory for PCR testing, regardless of rapid influenza test results, if the individual presents with an influenza-like-illness and a definitive diagnosis is desired. ***Rapid influenza tests should be interpreted with caution at this time.*** Per IDSA Guidelines, a confirmatory test such as PCR or viral culture should be considered when the prevalence of influenza is low (http://www.journals.uchicago.edu/doi/pdf/10.1086/598513).

Current information on influenza testing by the Montana Public Health Laboratory:
http://www.dphhs.mt.gov/PHSD/Lab/environ-lab-index.shtml.

United States - During week 15 (04/17/10), influenza activity decreased from the previous week. (http://www.cdc.gov/flu/weekly/usmap.htm)

INFORMATION / ANNOUNCEMENTS

NEW! Reminder: 4 Dose PEP for Rabies – As a reminder, the ACIP issued new recommendations for post-exposure prophylaxis for rabies in March 2010. The new recommendations include the use of a 4 dose regimen. http://www.dphhs.mt.gov/PHSD/epidemiology/documents/rr5902.pdf

NEW! See attached notice for return of a batch of RabAvert vaccine.

NEW! Availability of New Heptavalent Botulinum Antitoxin (H-BAT) - CDC has announced the availability of a new heptavalent botulinum antitoxin (HBAT, Cangene Corporation) through a CDC-sponsored Food and Drug Administration (FDA) Investigational New Drug (IND) protocol. HBAT replaces a licensed bivalent botulinum antitoxin AB and an investigational monovalent botulinum antitoxin E (BAT-AB and BAT-E, Sanofi Pasteur) with expiration of these products on March 12, 2010. As of March 13, 2010, HBAT became the only botulinum antitoxin available in the United States for naturally occurring non-infant botulism. *Please call the CDEpi program for assistance and consultation on all suspected botulism cases 406.444.0273 24/7/365.* For more information on H-BAT: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5910a4.htm.

NEW! Spring Time Outdoor Safety - The return of warmer temperatures brings thoughts of freedom, relaxation, exploration, and being closer to nature. Whether you're relaxing in the backyard, turning up your garden, hitting the pool, or exploring the great outdoors, here are some ways to help keep you and your family healthy this spring and summer. http://www.cdc.gov/Features/MovingOutdoors/

NEW! Incidence of Foodborne Illness, 2009 Report - The Foodborne Diseases Active Surveillance Network (FoodNet) is the principal foodborne disease component of CDC's Emerging Infections Program (EIP). FoodNet is a collaborative project of the CDC, 10 state health departments (CA, CO, CT, GA, MD, MN, NM, NY, OR, TN), the U.S. Department of Agriculture (USDA), and the Food and Drug Administration (FDA). Foodborne diseases monitored through FoodNet include infections caused by the bacteria *Campylobacter,* Shiga toxin-producing *Escherichia coli* (STEC), *Listeria, Salmonella, Shigella, Vibrio*, and *Yersinia*, and the parasites *Cryptosporidium* and *Cyclospora.* http://www.cdc.gov/Features/dsFoodborneIllness/